



CRITERIA: Outstanding service in any of the following categories: air medical; injury prevention program; trauma care, pediatric care, outstanding employees associated with an EMS organization for longevity and service; and/or service organizations which provide support to EMS activities.

<b>Your Name:</b>	<b>Your EMS Service, if applicable:</b>
<b>Mailing Address:</b>	<b>Work Telephone:</b>
	<b>Home Telephone:</b>
	<b>E-mail Address:</b>
<b>Relationship, if any, to Nominee (personal, financial, employment):</b>	
<b><u>Name of Commendation Nominee:</u></b>	<b>Nominee's Service, if applicable:</b>
<b>Mailing Address:</b>	<b>Work Telephone:</b>
	<b>Home Telephone:</b>
	<b>E-mail Address:</b>
<b>Reason(s) for nomination and how Nominee meets the Award criteria (use second page if needed or attach any documentation to support the nomination, such as photo or newspaper article):</b>	
<b>Your Signature:</b>	<b>Date:</b>

Please scan and email nomination to: [EMSAwards@alaska.gov](mailto:EMSAwards@alaska.gov) or Fax to (907) 465-4101.